

Maryland Families for Safe Birth, Inc.



The Honorable Shane Pendergrass
Chair, House Health and Government Operations Committee
House Office Building, Rm. 241
6 Bladen St
Annapolis, MD 21401

Re: House Bill 66 – Health Occupations – Licensed Direct-Entry Midwives – Previous
Cesarean Section

Dear Chair Pendergrass and Members of the Committee:

Maryland Families for Safe Birth is submitting testimony in support of House Bill 66. HB66 allows Direct Entry Midwives to care for clients with history of a prior cesarean birth. This will increase access to vaginal birth after cesarean (VBAC) for Maryland families. As consumers of maternal health services, we are in full support of the amendment proposed by the Board of Nursing which includes discussion of alternatives as a required component of the consent form.

Maryland Families for Safe Birth is a grassroots, consumer-driven organization, dedicated to improving access to evidence based, culturally sensitive maternity care for all Maryland families. We have an active membership of over 1500 Maryland families. Our organization frequently gets inquiries from women seeking a VBAC who are struggling to find a qualified, supportive provider.

In 2015, the Maryland Legislature passed a bill licensing Direct Entry Midwives. While this was a huge step forward, the restrictions on scope of practice in the bill that was passed, have made it MORE difficult for women with a prior cesarean birth to access care.

HB66 expands the scope of Direct-Entry Midwives to include caring for women with a prior cesarean birth. This is the standard of care in states where Direct Entry Midwives are licensed. Direct Entry Midwives are trained in their didactic and clinical training to attend Vaginal Birth After Cesarean (VBAC) births. The American College of Obstetricians and Gynecologists (ACOG) states that VBAC is a safe and reasonable option for most women with a prior cesarean. In spite of this, families in Maryland continue to have difficulty finding a VBAC supportive provider in many birth settings. Over 50% of Maryland counties do not have any hospitals willing to support a VBAC (see attached map).

Maryland's cesarean rate of 33.0% (2019 CDC Data) is the 14th highest in the country. This is well above the Healthy People 2020 goal of 23.9%. In addition, the

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cesarean rate among Black women in Maryland is significantly higher at 37.8% (Maryland Vital Statistics 2019 Report). The scope restriction on VBAC for Direct Entry Midwives disproportionately affects families of color and further limits their care options in the setting of a maternity care system that delivers worse outcomes for Black families at baseline.

Maryland's VBAC rate is 16.5% (2018 CDC data). In contrast, Direct Entry Midwives routinely have VBAC success rates upwards of 85% with excellent outcomes for both moms and babies.

Direct Entry Midwives in Maryland report a substantial increased interest in out-of-hospital birth during the COVID pandemic. If anything, COVID has taught us that the risk/benefit ratios for where we choose to give birth are not static. Yet, nearly 1/3 of women in Maryland are not afforded the option to weigh their own individual situation and the status of the pandemic in their own community, when choosing a care provider or birth location.

We urge you to support this bill. Let's increase access to maternity care options for Maryland families, not unnecessarily limit them.

Sincerely,

Maryland Families for Safe Birth

Kirra Brandon MD
Evie Fielding
Jennifer Chaffee
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